



Manulife Financial

Employer Work Information

This form will help us understand the nature of your employee's work activities.

We use this information with the information provided by the employee's physician(s) to determine if the employee is restricted or limited from performing work activities.

1 Employee's Information

Policy Number

Employee's name (last, first, initial)

Mr. Ms.
 Miss Mrs.

Address

Province

Postal code

Date of birth (dd/mmm/yyyy)

Telephone

()

2 Work Information

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR.

Please enclose a detailed job description for the Plan Member. The description must be for the job the Plan Member was performing immediately prior to the date last worked.

a) What was the Plan Member's job title as of the last day worked?

Job Title

b) How long has the Plan Member held this position?

Position Held

years

months

c) How long is the Plan Member's usual work day?

Length of Plan Member's Work Day

d) What is the usual work pattern? (i.e. number of shifts worked per week)

Plan Member's Usual Work Pattern

e) What are the primary duties of the Plan Member's job? (e.g. operate machinery, do research/analysis, handle shipping/receiving, do sales activities, has management/ supervising responsibilities, perform customer service duties, maintain electrical/mechanical equipment, use a computer, etc.)

PRIMARY DUTIES

TIMES

OR

HOURS PER DAY

f) Please list any office machines, tools or other equipment that the Plan Member uses in this job.

TYPE OF EQUIPMENT

SELDOM
(< 2%)

INFREQUENT
(2 - 6%)

OCCASIONAL
(7 - 30%)

FREQUENT
(32 - 65%)

CONSTANT
(> 65%)

3 Job Requirements

a) In this section we are gathering information about the Plan Member's specific physical or psychological job tasks. If you have a physical or psychological demands analysis, please provide it, **OR** complete the following section as applicable.

Activity	N/A	SELDOM (< 2%)	INFREQUENT (2 - 6%)	OCCASIONAL (7 - 30%)	FREQUENT (32 - 65%)	CONSTANT (> 65%)	
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bending/Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crouching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crawling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pushing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pulling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Finger dexterity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Simple grasping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hand dexterity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive body motions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - at shoulder level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - below shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - up and down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting / Carrying			0 - 10 lbs	11 - 20 lbs	21 - 50 lbs	> 50 lbs	
Lifting - floor to waist			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting - waist to shoulder			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting - above shoulder			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Carrying			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
					Yes	No	
Are assistive devices utilized or available?						<input type="radio"/>	<input type="radio"/>
Is your Plan Member required to work in any of the following conditions?						Yes	No
Exposure to marked changes in temperatures and humidity					<input type="radio"/>	<input type="radio"/>	
Being around moving machinery					<input type="radio"/>	<input type="radio"/>	
Unprotected heights					<input type="radio"/>	<input type="radio"/>	
Exposure to dust, fumes and gases					<input type="radio"/>	<input type="radio"/>	
Driving automobile equipment					<input type="radio"/>	<input type="radio"/>	
Is the Plan Member able to change position as comfort requires?					<input type="radio"/>	<input type="radio"/>	

Which of the following categories best describes the psychological demands of your Plan Member's job?

Activity	SELDOM (< 2%)	INFREQUENT (2 - 6%)	OCCASIONAL (7 - 30%)	FREQUENT (32 - 65%)	CONSTANT (> 65%)
A. Understanding and memory					
Remember locations and routine procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand and remember very short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand and remember detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Sustained concentration and persistence					
Carry out very short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carry out detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain attention and concentration for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform activities within a schedule, maintain regular attendance and be punctual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustain an ordinary routine without supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make simple decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solve simple straightforward problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solve complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSYCHOLOGICAL DEMANDS OF JOB	C. Social interaction					SELDOM (< 2%)	INFREQUENT (2 - 6%)	OCCASIONAL (7 - 30%)	FREQUENT (32 - 65%)	CONSTANT (> 65%)
	Interact with the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Ask questions or request assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Accept instructions and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Get along well with others without distracting them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Get along well with others without being distracted by them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	D. Adaptation					SELDOM (< 2%)	INFREQUENT (2 - 6%)	OCCASIONAL (7 - 30%)	FREQUENT (32 - 65%)	CONSTANT (> 65%)
	Respond to frequent changes in the environment or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Aware of normal hazards and take appropriate precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Travel in unfamiliar places or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Set realistic goals or make plans independently of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	Juggle tasks and prioritize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	E. Responsibility and accountability								Yes	No
	Is work pace moderate without the pressure of deadlines?								<input type="radio"/>	<input type="radio"/>
	Does the work involve occasional pressure to meet deadlines?								<input type="radio"/>	<input type="radio"/>
Does the work involve periodic pressure to meet deadlines?								<input type="radio"/>	<input type="radio"/>	
Does the work involve significant pressures?								<input type="radio"/>	<input type="radio"/>	

b) Before the Plan Member stopped working, did the illness or injury cause him/her to change:

		Date (dd/mmm/yyyy)	Explanation
Job Duties	<input type="radio"/> Yes <input type="radio"/> No		
Job Performance	<input type="radio"/> Yes <input type="radio"/> No		
Equipment	<input type="radio"/> Yes <input type="radio"/> No		
Environment	<input type="radio"/> Yes <input type="radio"/> No		
Hours of Work	<input type="radio"/> Yes <input type="radio"/> No		
Attendance	<input type="radio"/> Yes <input type="radio"/> No		

4 Other Information
Please provide any additional information that would help us understand your employee's work activities.

5 Signature

Supervisor Name	Title
Supervisor Signature	Date (dd/mmm/yyyy)
Telephone ()	